| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013069 | A. BUILDING: _____ B. WING _____ | C 04/21/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RESIDENCES AT DEER CREEK | 401 EAST US 30 SCHERERVILLE, IN 46375 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| R 000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaint IN00147669.<br><br>Complaint IN00147669-Substantiated. No deficiencies related to the allegation are cited.<br><br>Survey date: April 21, 2014<br><br>Facility number: 013069<br>Provider number: 013069<br>AIM number: N/A<br><br>Survey team:<br>Regina Sanders, RN<br><br>Census bed type:<br>Residential: 77<br>Total: 77<br><br>Census payor type:<br>Other: 77<br>Total: 77<br><br>Sample: 3<br><br>Residences at Deer Creek was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00147669.<br><br>Quality Review 04/22/14 by Lisa McColly | R 000 | | |